

Sport/Program/Event: _____

Eastham Recreation Department
Registration Form

Participant's Name: _____

Address: _____

Best phone number to contact you: _____

Do you text? Yes No If yes, what number? _____

Participant's D.O.B: _____ Age: _____ and Grade: _____

T-shirt Size: Youth M L XL Adult S M L XL XXL

Parent/Guardian Name(s): _____

Parent/Guardian Phone(s): _____

Allergies/Medical Concerns: _____

Do you have medical insurance? (Please circle one) Yes No

Would you like to be added to our email list to receive notice of events & programs?

Yes No Already on list!

If yes, please provide your email address: _____

I, the undersigned, understand that there is an inherent risk in recreational programs and that the range of injury can be minor to severe. I also understand and accept that in case of injury, the Town of Eastham is responsible only for First Aid treatment.

I also understand that participation in recreation programs requires all participants and spectators to behave in a sportsman-like manner.

Media Release: Pictures/video taken in connection with this program/event may be used for promotional purposes for the Town of Eastham.

(Please circle one) I Agree I Disagree

Parent/Guardian Signature

Date